REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 4/7/05 2 Serial/Patent # 10/5/8828						
3 Please refund the following fee(s):		4 PAI NUN	PER IBER	5 DATE FILED	6 AMOUNT	
	Filing				\$	
	Amendment				\$	
	Extension of Time				\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
	Cert of Correction/Terminal Disc.				\$	
	Maintenance				\$	
	Assignment				\$	
V	Other Search de adjustment				\$ 100	
		7 TOTAL AMOUNT \$ 100				
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
V	Overpayment	~	_C:	redit Dep	osit A/C #:	
	Duplicate Payment	9 1141-11 B1710				
	No Fee Due (Explanation):					
·						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: TITLE: Wardlega						
SIGNATURE: PHONE: (703) 308-9140						
OFFICE: 00/ED LLT 202						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APP	APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B